

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: HAWAII

Citation:

(b) The Medicaid agency meets the requirements of —

1902(p) of the
Act

(1) Section 1902(p) of the Act by excluding from participation —

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) An MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that —

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)
42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PCCM, PIHP, or PAHP is not in compliance the State will comply with the requirements of 42 CFR 438.610(c).

TN No. 03-003

Supersedes

TN No. 88-27

Approval Date: MAR 2 2004 Effective Date: AUG 13 2003

State: HAWAII

Agency*	Citation(s)	Groups Covered
	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (section 9517) P.L. 101-508 (section 4732)	3.	The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.
	<u>X</u>	The State elects not to guarantee eligibility.
	—	The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six).
		The State measures the minimum enrollment period from:
	<input type="checkbox"/>	The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
	<input type="checkbox"/>	The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
	<input type="checkbox"/>	The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

* Agency that determines eligibility for coverage.

TN No. 03-003

Supersedes 1

TN No. 97-21

Approval Date: MAR - 2 2004

Effective Date: AUG 19 2004

State: HAWAII

Agency*	Citation(s)	Groups Covered
1932(a)(4) of the Act	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued) The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. <u>X</u> Disenrollment rights are restricted for a period of <u>12</u> months (not to exceed 12 months). During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. <u> </u> No restrictions upon disenrollment rights.
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 42 CFR 438.56(g)		In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract. <u>X</u> The agency elects to provide automatic reenrollment of the above individuals into the same entity if they were disenrolled solely because of loss of Medicaid eligibility for a period of 2 months or less. <u> </u> The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.

TN No. 03-003

Supersedes

TN No. _____

Approval Date: MAR 2 2004

Effective Date: AUG 13 2004

State: HAWAII

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217 ☐

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

* Agency that determines eligibility for coverage.

TN No. <u>03-003</u>	Approval Date: <u>MAR 2 2004</u>	Effective Date: <u>AUG 13 1991</u>
Supersedes		
TN No. <u>91-21</u>		

State: HAWAIICitation:1932(e)
42 CFR 428.726Sanctions for MCOs and PCCMs

- (a) The State will monitor for violations that involve the actions and failure to act specified in 42 CFR Part 438 Subpart I and to implement the provisions in 42 CFR 438 Subpart I, in manner specified below:

The State of Hawaii's contracted EQRO and Med-QUEST Staff will perform annual reviews and evaluations in regards to compliance with State guidelines that may be imposed on the organization when the contractor fails to act or meet compliance with Medicaid guidelines included in 1903 (m) 1932 (e) (1) 42 CRF. The EQRO and the State have developed an extensive quality review tool that will be used to monitor and evaluate compliance with Medicaid rules and regulations.

The evaluations will be based on the following: on-site meetings with the contracted organization, review of appeals and grievances, provider complaints, recipient encounter data, and provider network submission, review of recipient and provider surveys, quality improvement projects, financial audits, State BBA Quality Strategies, etc.

Contracts include a description of the State's plan to monitor performance and if the contracted organization is not in compliance, the State will require a corrective action plan that will be closely monitored by the EQRO and the State Med-QUEST staff. If the contractor is not compliant with the corrective action plan, the State will move to more severe penalties.

Civil monetary penalties may be implemented, the contract may be terminated, or the State may impose temporary management upon the contracted organization if it finds that a contractor has repeatedly failed to meet substantive requirements in section 1903 (m) or section 1932 of the Act.

TN No. 03-003

Supersedes

TN No. _____

Approval Date:

MAR 2 2004

Effective Date:

AUG 15

State: HAWAII

- (b) The State uses the definition below of the threshold that would be met before an MCO is considered to have repeatedly committed violations of section 1903(m) and thus subject to imposition of temporary management:

Optional Imposition of Sanction:

The State may impose temporary management only if it finds (through on-site survey, enrollee complaints, financial audits, or any other means) that:

- There is continued egregious behavior by the contractor, including but not limited to behavior that is described in 42 CFR 438.700, or that is contrary to any requirements of section 1903(m) and 1932 of the Act;
- There is substantial risk to recipient's health; or
- The sanction is necessary to ensure the health of the contractor's recipients while improvements are made to remedy violations under 42 CFR 438.700.

The temporary management will remain in place until improvements are made to remedy violations or until there is an orderly termination or reorganization of the organization.

Required Imposition of Sanction

The State must impose temporary management (regardless of any other sanction that may be imposed) if it finds that the contracted organization repeatedly failed to meet substantive requirements in section 1903 (m) or section 1932 of the Act, or Subpart 42 CFR 438.706.

The required imposition of the Sanction will remain until the State determines that the contracted provider can ensure that the sanctioned behavior will not recur.

TN No. 03-003

Supersedes

TN No. _____

Approval Date: MAR 2 2004Effective Date: AUG 13 2009

State: HAWAII

- (c) The State's contracts with MCOs provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under 42 CFR 438.730(e).

Not applicable; the State does not contract with MCOs, or the State does not choose to impose intermediate sanctions on PCCMs.

TN No. 03-003

Supersedes

TN No. _____

Approval Date: MAR 2 2004Effective Date: AUG 13 2003